

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission .....	09/06/2023 15:34 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	02/06/2023 15:04 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	IBIS SINGAPORE NOVENA HOTEL
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC9461M
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SRI BALAJI TRANSPORT SERVICES
Company Reg No .....	53351604L
Email Address .....	SBTRANSPORT2005@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81148441
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2800

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	AIS/2023/0000365/002008

#### DRIVER

Name of Driver .....	MUTHAIAH RAJKUMAR
Passport No/FIN .....	G6506820L
Date Of Birth .....	01/09/1976
Occupation .....	Outdoor

Date Of Driving Pass .....	26/04/2012
Driving experience .....	11 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82258221
Alt. Phone Number .....	-
Email Address .....	SBTRANSPORT2005@GMAIL.COM
Address .....	BLK 23 BENDEMEER ROAD #04-509
Address complement .....	-
Postcode .....	330023
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY AT IBIS SINGAPORE NOVENA HOTEL ENTRANCE TO ALIGHT PASSENGER. I WAS OUT FROM MY BUS TO CHECK THE PASSENGER WAS OUT FROM MY BUS. OUT OF THE SUDDEN, VEHICLE SMS1784K IN FAST SPEED TURN INTO THE HOTEL AND HIT ONTO MY BUS REAR LEFT PORTION.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMS1784K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	EZIO NALIN DE PAULO
NRIC No .....	S8569122H
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	2

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that :  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all Insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



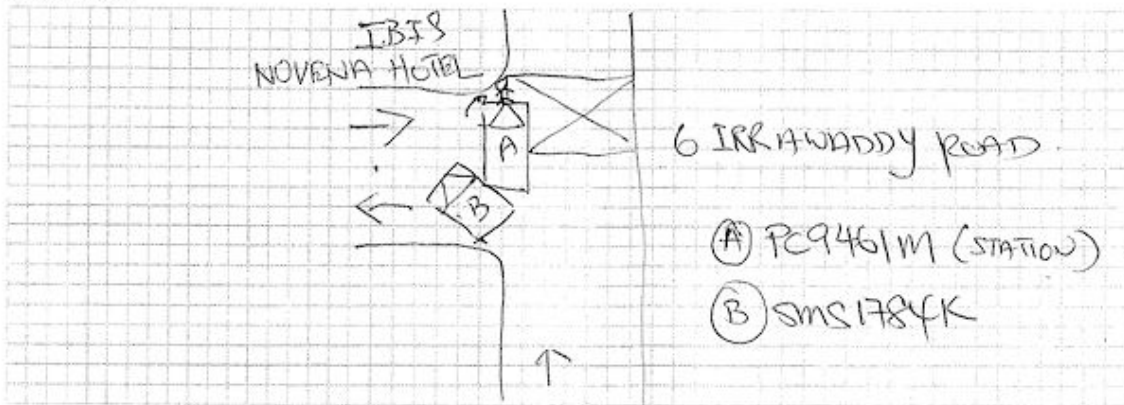
*M. Ganesan*



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

I WAS STATION AT IRIS SINGAPORE NOVENA HOTEL  
 ENTRANCE TO ALIGHT PASSENGER. I WAS OUT FROM MY BUS TO  
 CHECK THE PASSENGER WAS OUT FROM MY BUS. OUT OF SUDDEN  
 VEHICLE SMS1784K AT FAST SPEED TURN INTO THE HOTEL AND  
 HIT INTO MY BUS REAR LEFT PORTION

Declaration

We declare the foregoing particulars are true in every respect.

9/6/23



Policyholder's Signature / Date & Time

M. Raj Kumar



Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel















Allianz Insurance Singapore Pte. Ltd.

## COVER NOTE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Cover Note Number	AIS/2023/0000365/002008		
Insured	SRI BALAJI TRANSPORT SERVICES		
Usage	Ferrying of Tourists, School Children & Workers/Chartered Bus Services		
Make & Model	TOYOTA HIACE COMMUTER GL 2.8 AUTO		
Attachment	WITH AIR-CONDITIONED		
Engine Capacity/Tonnage	13 SEATER		
Engine Number	1GD8341609		
Chassis Number	GDH2232000991		
Registration Number	PC9461M		
Estimated Value	Market Value at time of Loss		
Coverage	Comprehensive - Authorised Workshop		
Deductible	S\$1,500 SECT I, S\$1,500 SECT II & S\$300 WINDSCREEN		
Period of Insurance	10-Mar-23	to	9-Mar-24
Hire Purchase	Nil		
Issued By	Agency Distribution	on	10-Mar-23

We hereby certify that this Cover Note is issued in accordance with the provisions of  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed for and On Behalf of  
 Allianz Insurance Singapore Pte Ltd

Authorised Signatory

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